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15060-4
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard J. Gross, et al.

Serial No.: 09/618,623

Filed: July 18, 2000

For: CALCIUM INDEPENDENT PHOSPHOLIPASE A₂
POLYNUCLEOTIDES AND POLYPEPTIDES AND
METHODS THEREFOR

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Group Art Unit: 1652
:
:
Examiner: Yong Pak
:
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**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER OF PATENTS AND TRADEMARKS**

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Assistant Commissioner for Patents
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Express Mail Mailing Label No.: EL 817718035US
Date of Mailing: November 4, 2002

I hereby certify that the documents listed below:

- Amendment Transmittal (3pgs, in duplicate)
- Amendment (13 pgs)
- Submission of Marked Up Specification and Claims (7 pgs)
- Declaration of Richard W. Gross (1 pg)
- Declaration of Christopher M. Jenkins (1pg)
- Declaration of David J. Mancuso (1 pg)
- Petition for Extension of Time (Three Months) (1pg, in duplicate)
- Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to the Commissioner for Patents, Box FEE-AMENDMENT, Washington, D.C. 20231.

Respectfully submitted,

Gordon F Sieckmann
Reg. No. 28,667
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EL817718035US

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TRANSMITTAL

- Transmitted herewith is:
Amendment in response to Office Action; Submission of Marked Up Claims; Petition for Extension of Time; Certificate of Express Mailing; Postcard

STATUS

- Applicant
☒ claims small entity status.
☐ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service,
Express Mail Label No. EL817718035US, addressed to
the Commissioner for Patents, Box Fee Amendment,
Washington, D.C. 20231

Date:

November 4, 2002
Gordon F. Sieckmann
Reg No. 28,667

A handwritten signature in black ink, appearing to read "Gordon F. Sieckmann", written over a horizontal line.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 400.00	\$ 200.00
<input checked="" type="checkbox"/> third month	\$ 920.00	\$ 460.00
<input type="checkbox"/> fourth month	\$1,440.00	\$ 720.00
<input type="checkbox"/> fifth month	\$1,960.00	\$ 980.00

Fee: \$ 460.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) — Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS	=	=	x \$9 = \$		x \$18 = \$
INDEP.	MINUS	=	=	x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$130 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$ _____

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$460.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:



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